

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

37007

9933

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3964 Blaine Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Irma Taylor

3. (b) If veteran, No  
name war.....  
3. (c) Social Security No. 488-07-3925

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife If alive..... years

7. Birth date of deceased January 1 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 10 11 hr. min.

9. Birthplace Unknown Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Dressmaker

11. Industry or business Grace Ashley Shop

12. Name Dont Know

13. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jeane Morgan  
(b) Address 1036 Lafayette St.

17. (a) Burial (b) Date thereof 11-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 1710 N. Grand Blvd

19. (a) NOV 13 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3964 Blaine Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11  
year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw him alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis  
Due to.....  
Arteriosclerosis  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(a) Means of injury.....  
23. Signature W. H. Perry (M. D. or other)  
Address 1112 1/2 St. Date signed 11/13/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Fred Frick*

Licensed Embalmer No.....3186.....

P. O. Address *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**